Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

The External Review of Hospital Quality

The Role of Accreditation

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EXECUTIVE SUMMARY

PURPOSE

To assess the role of Joint Commission accreditation in the external review of hospital quality.

BACKGROUND

External Quality Review of Hospitals in the Medicare Program

Hospitals routinely offer valuable services, but also are places where poor care can lead to unnecessary harm. The external quality review of hospitals plays an important role not only in protecting patients from such harm, but also in complementing the hospitals' own internal quality efforts. The Federal Government relies on two types of external review to ensure that hospitals meet the minimum requirements for participating in Medicare: accreditation, usually by the Joint Commission on Accreditation of Healthcare Organizations, and Medicare certification, by State agencies. About 80 percent of the 6,200 hospitals that participate in Medicare are accredited by the Joint Commission.

This Inquiry

This report, part of a series of four companion reports that resulted from our inquiry, focuses on the Joint Commission because it dominates the hospital accreditation market. Our inquiry draws on aggregate data, file reviews, surveys, and observations from a rich variety of sources, including HCFA, the Joint Commission, State agencies, and other stakeholders.

We organize this report around a framework we developed for considering the external review of hospital quality. This framework consists of five components: announced, on-site surveys of hospitals; unannounced, on-site surveys of hospitals; responses to complaints concerning hospitals; responses to major adverse events in hospitals; and collection and dissemination of standardized performance measures.

FINDINGS

ANNOUNCED SURVEYS

Joint Commission surveys are undertaken in a collegial manner and are tightly structured. This approach fosters consistency but leaves little room for probing.

Surveys look the same hospital to hospital. Surveyors are well-versed in the Joint Commission standards and aim to educate the hospital staff about the significance and intent of those standards. To get an overview of the hospital, the surveyors maintain a rapid pace with survey sessions scheduled back-to-back, leaving little opportunity for following up leads or developing hunches.

Joint Commission surveys serve as a means of both reducing risk and fostering attention to continuous quality improvement, but are unlikely to either surface substandard care or identify individual practitioners whose judgement or skills to practice medicine are questionable.

Hospitals take Joint Commission surveys seriously. The surveys prompt their attention to minimum protections that are important to patients and promote projects aimed at improvement. But surveyors lack much background information on the hospital that could help them hone their survey, thus they get a broad rather than in-depth view of the hospital. This, coupled with the tight structure, make it unlikely that the survey will identify patterns or instances of poor care.

While they matter enormously to hospitals, Joint Commission survey results fail to make meaningful distinctions among hospitals.

Hospitals attach great significance to survey results and use them as a way of distinguishing themselves from other hospitals. However, the distinction between accreditation with commendation and accreditation with or without recommendations for improvement can be difficult to discern. In fact, little variation exists in accreditation levels and scores: 99 percent of the hospitals surveyed between May 1995 and June 1998 clustered in just 2 of the 5 possible accreditation levels.

UNANNOUNCED SURVEYS

The Joint Commission's reliance on unannounced surveys is limited.

The Joint Commission conducts 1-day, random unannounced surveys to ensure continued compliance with accreditation standards between triennial surveys. From June 1995 through May 1998, it conducted such surveys, providing 24 to 48 hours notice, on about 5 percent of its accredited hospitals.

RESPONSES TO MAJOR ADVERSE EVENTS

The Joint Commission treats major adverse events as opportunities for improvement. Accordingly, it emphasizes education, prevention, and confidentiality but limits public disclosure on the causes, consequences, and responses to such events.

The Joint Commission's sentinel event policy stresses self-reporting and analysis on the part of the hospitals. Through this approach, it aims to develop a database of events that it can analyze for frequency and causes. But ensuring confidentiality to self-reporting hospitals limits public accountability. This presents particular difficulties if, as it often the case, local concern is heightened because of media reports on the events.

RESPONSES TO COMPLAINTS

The Joint Commission devotes little emphasis to complaints.

The Joint Commission's accreditation process is not particularly geared to dealing with complaints. Although it receives complaints during surveys, surveyors must squeeze time from other survey activities to respond to them. The Joint Commission also receives and responds to complaints centrally.

STANDARDIZED PERFORMANCE DATA

Despite the Joint Commission's early plans, standardized hospital performance data remain of little value to external assessments of hospital quality.

In 1986, the Joint Commission unveiled its plans for a performance-based accreditation system that included uniform data from all hospitals. But as that vision unfolded, the Joint Commission faced resistance from hospitals. Accredited hospitals must now participate in a Joint Commission-approved measurement system (of which there are many), but collecting uniform data is as yet unrealized.

CONCLUSION

Unquestionably, the Joint Commission is the central force in the external review of hospital quality. It accredits about 80 percent of the hospitals in the country and, for Medicare purposes, it has a congressionally granted deeming status that is unique among accrediting bodies. Medicare beneficiaries and others who rely upon hospital services have much at stake in how and how well the Joint Commission does its job.

Our review underscores that the core element of the Joint Commission's approach to accreditation is the announced, on-site survey of hospitals--a survey that is heavily oriented toward educational and performance improvement objectives. The other elements of external review--unannounced surveys, responses to complaints and serious

incidents, and standardized performance measures--play relatively minor roles in the Joint Commission's accreditation process.

Given the significance of the Joint Commission's role and its emphasis on one approach to external quality review, our inquiry surfaces important policy questions for HCFA: How can it best ensure an appropriate balance in external quality reviews of hospitals? How can it best hold the Joint Commission accountable for the important public role it performs while enabling it, at the same time, to have enough flexibility to continue to advance the state-of-the-art of hospital accreditation? We address these questions in our summary report, *A Call for Greater Accountability.* That report also contains our recommendations, which we direct to HCFA.

COMMENTS

Within the Department of Health and Human Services, we received comments from HCFA. We also solicited and received comments from the following external parties: Joint Commission on Accreditation of Healthcare Organizations, Association of Health Facility Survey Agencies, American Osteopathic Association, American Association of Retired Persons, Service Employees International Union, National Health Law Program, and Public Citizen's Health Research Group. We include the detailed text of all of these comments and our responses to them in our summary report, *The External Review of Hospital Quality: A Call for Greater Accountability* (OEI-01-97-00050).